

STATE BAR COURT
HEARING DEPARTMENT - LOS ANGELES
CASE NO. _____

REQUEST FOR CONFIDENTIAL EARLY NEUTRAL EVALUATION CONFERENCE

Requesting party:	PLEASE TYPE OR PRINT LEGIBLY		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Office of the Chief Trial Counsel</div><div><input type="checkbox"/> Member</div><div><input type="checkbox"/> Counsel for Member</div><div><input type="checkbox"/> Both Parties</div></div> <div style="margin-top: 5px;"><input type="checkbox"/> If OCTC request, check here to indicate case has been released. (If data entry not done, request will be rejected.)</div>			
Requesting party MUST fill in the following information:			
Deputy Trial Counsel: _____	Membership No: _____		
	Telephone No: _____		
	Fax No: _____		
Member: _____	Membership No: _____		
	Telephone No: _____		
	Fax No: _____		
Counsel for Member (if applicable): _____	Membership No: _____		
	Telephone No: _____		
	Fax No: _____		
Joint availability dates of parties: <i>[Please provide the Court with a minimum of two dates including available times]</i>			
<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this request form to:

State Bar Court
1149 So. Hill Street, 5th Floor
Los Angeles, CA 90015-2299
Fax No. (213) 765-1568

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(For State Bar Court Use Only)

ENEC Judge assigned: _____

Requesting party notified
of ENEC date/time on _____

Date Assigned: _____

By: _____

ENEC date/time: _____

Case Administrator